2017-05-03 16:36 ase 1:17-cy-08917-RWS Document 7-6 Filed 12/19/17 Page 1 of 5 P 2/6

	Pege 1 of 4 Pages Precinct 024					New York State Department of Motor Vehicles POLICE ACCIDENT REPORT (NYC)												19 4					
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PERSONS KILLED OR INJURED	N ACCIDENT (Lette	or designation	of persons	killed or inju	ired must co	orrespond wi	th letter	designation on front).				
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☐ Dept. of Motor Vehicles	☐ Motor Transp	ort Division				e Comm. [r City Agency				
(if anyone is killed/injured)	(P.D. vehicle	involved)	(if a Licensed taxi or limousine (Specify) involved)									
☐ Office of Comptroller	Personnel Sa	afoty Hait		Highway U	Init							
(if a City vehicle involved)	(if a P.D. vehi			11191111119		•	***************************************					
NOTIFICATIONS: (Enter name, add	drace and relationship of	f friend or relati	ve notified.	If aided pers	son is unider	ntified, list Mis	sing Per	son Squad member who				
was notified. In either case, give date at	nd time of notification.)	111111111111111111111111111111111111111		, , ,		, ,	Ĭ	,				

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	and the second											
No.												
IF NYPD VEHICLE IS INVOLVED:	" 	p	Rank	Te.	rield No.	Tax ID, No.	·····	Command				
Police Vehicle Operator's First Name	Last Name		Kelik	31	11010 1101	TON ID ()						
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		,			<u> </u>		.1					
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Sirer Horn	Turret Light	4-Way Fla	asner 🔲	, agaraves	* (20 m) (8 m) (9)	_ L	**					
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Other (Describe)												
LANZ 1/0.0 A N. 1/2/193							F	age 2 of 4 Pages				

2017-05-03 16:37 ase 1:17 CY-08917 RWS Document 7-6 Filed 12/19/17 Page 3 of 5 P 4/6 Page 3 of 4 Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT (NYC) Precinct 024 MV-104AN (7/11) Accident No Sumplain MV-2016-024-011062 AMENDED REPORT MilitaryTime Day of Week No. Injured Accident Date No. of Vehicles Not investigated at Scenn | 7 Left Scene Police Photos Day Month Yos 🗸 > Reconstructed . 4 2016 SUNDAY 17:10 2 0 VEHIGLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN → VEHICLE VEHICLE - Driver State of Lic VEHICLE - Driver 2 License (D Number 21 Driver Name - exactly Oriver Name -exacily as printed on license as printed on Iroense Address (Include Number & Simel) Apt. No. Addross (Include Number & Stoset) City or Town State Zip Code City or Lown Zip Code 22 State Date of Birth Month Day No. of Occupants No. of Occupants 3 Date of Birth Linka Public Sex Unitoensed Property Damaged Day 1 Property Г Damaged Name exactly as printed on registration Deta of Hirth Month Date of Birth Month Sex Name-exactly as printed on registration 5ex Day Year Address (Include Number & Street) Haz Address (Include Number & Street) Apt No 23 Wat Mat 4 City or Town State Zip Códe City or Town States Zip Code 24 Piala Number Vehicle Year & Make Plate Number State of Rog. Vehicle Type Ins. Cod State of Reg. Vehicle Year & Make Vehicle Type Ins. Code lickel/Arrest Ticket/Arrest 1 Nurober(s) Number(s) Violation Violation Section(s) Section(s) Check if involved vehicle is: Check if involved vehicle is Circle the diagram below that describes the accident, or draw your own more than 95 inches wide; more than 34 feet long; operated with an overweight permit; 6 Imore than 95 inches wide: diagram in space #9. Number the vehicles more than 34 feet long; 1 Rear End Hight Angle Left, Tom aght Larn operated with an overweight permit;
operated with an overdimension permit E operated with an overdimension permit. Н VEHICLE 2 DAMAGE CODES VEHICLE 1 DAMAGE CODES 26 Right Torn SideaMpa Ç Box 1 - Point of Impact Box 2 Most Damage (uppusite Box 1 - Point of Impact Box 2 - Most Damage Ļ 1 E Ë ACCIDENT DIAGRAM Enter up to three Enter up to three 4 5 4 3 more Damage Codes more Damage Codes 27 1 Vehicle Vehicle Ву Lowed Towed. Te Τo DIAGRAM ATTACHED ON SUBSEQUENT PAGE VEHICLE DAMAGE CODING: 1 REAR END 1-13. SEE DIAGRAM ON RIGHT. 14, UNDERCARRIAGE 17. DEMOLISHED 18. NO DAMAGE 15. TRAUER 28 1 Cost of repairs to any one vehicle will be more than \$1000. 16. OVERTURNED 19. OTHER Unknown/Unable to Determine Yes iŻ Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☑ NEW YORK ☐ QUEENS Reference Marker Coordinates (if available) Road on which accident occurred CENTRAL PARK WEST Latitude/Northing: 29 40.790363 (Route Number or Street Name) at 1) intersecting street WEST 94 STREET (Route Number of Street Name) Longitude/Easting: ₩ of -73.965645 ΠE Miles (Milegost, Nearest Intersecting Route Number or Street Name) 30 Accident Description/Officer's Notes PASSENGER OF V2 TAKEN TO ST LUKES ACR #89641680 COVER SINCUI Date of Death Only 18 Names of all involved 9 10 11 13 14 _15 16 17 ËΥ TO Date/Time Reviewed Tax ID No. NCIC No. Precinct Post/Sector Reviewing Officer's Rank Officer 12/06/2016 08:22 Signature 🕈 POM SGT CARMINE 958459 03030 024 Print Name SEMIOLI in Full DAVID CZECHOWSKI

2017-05-03 16:37 Case 1:17-cy-08917-RWS Document 7-6 Filed 12/19/17 Page 4 of 5 P 5/6

PERSONS KILLED OR INJURED	IN ACCIDENT (Lette	r designation	of persons killed or	injured must o	orrespond wi	th letter	designation on front).				
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Expiration Date			Expiration Date	***							
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Dept. of Motor Vehicles	!	art Division	□ NVC Ta	vi & Limousina	- Comm [T Othe	r City Agency				
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□ 60° (6 · 1)			involved	•							
Office of Comptroller (if a City vehicle involved)	Personnel Safety Unit Highway Unit (if a P.D. vehicle involved)										
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was notified. In either case, give date an			·								
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IF NYPD VEHICLE IS INVOLVED:			M								
Police Vehicle —Operator's First Name	Last Name		Rank	Shield No.	Tax ID. No.		Command				
Make of Vehicle Year	Type of Vehicle	Plate No.		Dept. Vehicle	No.	Assigner	Id To What Command				
						<u> </u>	MARKET STATE PARTY AND THE STATE OF THE STAT				
Equipment in Use At Time of Academt Siren Horn	Turret Light	4-Way Fla	shor High-Lev	rel Warning Ligh	nts Traffic	Cones	☐ Headlights				
ACTIONS OF POLICE VEHICLE					ni may						
Responding to Code Signal				Complying	with Station H	ouse Dir	ective				
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☐ Pursuing Violator ☐ Other (Describe)				H (100mm)							
MV-104AN (7/11)						Р	age 4 of 4 Pages				
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Rear End : MV-2016-024-011062

Reporting Officer : POM DAVID CZECHOWSKI

Reviewing Officer: SGT CARMINE SEMIOLI Reviewed Date: 12/06/2016 08:22

